North Carolina Baptist Conference of the Deaf
Missions Committee
Potter-Peyton State Deaf Missions Offering
Mission Trip Fund Request Form

Name: _____
(last) (first) (middle)
Organization: _____
Contact Person: _____
Address: _____
City/State/Zip Code: _____
Phone: _____ VP _____ Voice _____
Age: _____ Female _____ Male _____Deaf _____ Hard of hearing _____ Hearing _____
Marital Status: Single _____ Married _____ Widow _____ Divorced _____

1. Are you a Southern Baptist? Yes _____ No _____ If yes, what church do you attend?
   _____
   Address: _____
   City _____ State _____ Zip code
   _____
2. What church responsibilities do you have?
   _____
   _____
   _____
3. Have you ever been on a Deaf Mission trip before? Yes _____ No _____
   If yes, please list the place and your responsibilities on the team:
   _____
   _____
   _____
4. What kind of mission activities are you interested in? (Evangelism, camp counselor, educator, construction, etc.)
   _____
   _____
   _____
5. How much money are you requesting from the Mission Offering? _____
6. When are you planning to go on your mission trip? _____
7. What organization or mission group will you be working with?
   _____
   _____
   _____
8. Please have your pastor sign here: _____
   Church: _____

Mail to: Deaf Missions Committee Chairperson
c/o Vickie Barker
1604 E. Berry St.
Gastonia, NC 28054-3503